PAGE 1 / 50

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
AMERICAN SOCIETY	OF INTERVENTION	NAL PAIN PHYSICIAN	PAC
ADDRESS (number and street)	2831 Lone Oak Road		
▼ Check if different			
than previously reported. (ACC)	Paducah		KY 42003 -
2. FEC IDENTIFICATION N	IUMBER ▼ CIT	TY 🛦	STATE ▲ ZIP CODE ▲
C C00351197		S THIS NEW (N) OI	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only) Sep. 20 (M9) Dec. 20 (M12)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (January 31 Year-End Report (EL «	on on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)		on on	in the State of
5. Covering Period 0	01 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 06	M / D D / Y Y Y Y Y Y 30 30 2017
I certify that I have examined t			true, correct and complete.
Type or Print Name of Treasure	Manchikanti, Laxmaiah, , , l er	MID	
Signature of Treasurer	nchikanti, Laxmaiah, , , MD	[Electronically Filed]	Date 07 / 31 / 2017
NOTE: Submission of false, error	neous, or incomplete informatio	n may subject the person signin	g this Report to the penalties of 52 U.S.C. § 3010
Office			FEC FORM 3X
Use Only			Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

		COLUMN A This Period			
(a)	Cash on Hand January 1, 2017		353189.28		
(b)	Cash on Hand at Beginning of Reporting Period	353189.28			
(c)	Total Receipts (from Line 19)	117281.76	117281.76		
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	470471.04	470471.04		
Tot	al Disbursements (from Line 31)	67941.39	67941.39		
Re	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	402529.65	402529.65		
the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00			
the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	0.00			

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	104759.96	104759.96
	(ii) Unitemized(iii) TOTAL (add	570.00	570.00
	Lines 11(a)(i) and (ii)	105329.96	105329.96
(b)	Political Party Committees Other Political Committees	0.00	0.00
(d)	(such as PACs)	0.00	0.00
()	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	105329.96	105329.96
	nsfers From Affiliated/Other ty Committees	0.00	0.00
13. All	Loans Received	0.00	0.00
15. Offs	n Repayments Receivedets To Operating Expenditures	0.00	0.00
(Ca	funds, Rebates, etc.) rry Totals to Line 37, page 5) unds of Contributions Made	0.00	0.00
Poli	Federal Candidates and Other tical Committees	0.00	0.00
(Div	er Federal Receipts ridends, Interest, etc.) nsfers from Non-Federal and Levin Funds	11951.80	11951.80
	Non-Federal Account (from Schedule H3)	0.00	0.00
(b)	Levin Funds (from Schedule H5)	0.00	0.00
(c)	Total Transfers (add 18(a) and 18(b))	0.00	0.00
	al Receipts (add Lines 11(d), 13, 14, 15, 16, 17, and 18(c))▶	117281.76	117281.76
	al Federal Receipts otract Line 18(c) from Line 19)▶	117281.76	117281.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period					
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date				
Activity (from Schedule H4)	0.00	0.00				
(i) Federal Share		0.00				
(ii) Non-Federal Share		0.00				
(b) Other Federal Operating Expenditures		5441.39				
(c) Total Operating Expenditures	5441.39	5441.39				
(add 21(a)(i), (a)(ii), and (b)) Transfers to Affiliated/Other Party	5441.39	3441.33				
Committees Contributions to		0.00				
Federal Candidates/Committees and Other Political Committees	55000.00	55000.00				
Independent Expenditures		4 4				
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4 4	0.00				
(use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans MadeRefunds of Contributions To:	0.00	0.00				
(a) Individuals/Persons Other Than Political Committees	5000.00	5000.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	4 4				
(such as PACs)		0.00				
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	5000.00	5000.00				
OII - B' I	45 45	4 4 4				
Other Disbursements (Including Non-Federal Donations)	2500.00	2500.00				
	4 4	4 4				
Federal Election Activity (52 U.S.C (a) Allocated Federal Election Act						
(from Schedule H6)	····y					
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share		0.00				
(b) Federal Election Activity Paid						
Entirely With Federal Funds (c) Total Federal Election Activity	0.00	0.00				
Lines 30(a)(i), 30(a)(ii) and 30		0.00				
Total Disbursements (add Lines 21						
23, 24, 25, 26, 27, 28(d), 29 and 3	30(c)) 67941.39	67941.39				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30 from Line 31)						
	67941.39	67941.39				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 105329.96 105329.96 (from Line 11(d), page 3) 34. Total Contribution Refunds 5000.00 5000.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 100329.96 100329.96 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 5441.39 5441.39 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 5441.39 5441.39 (subtract Line 37 from Line 36)

FOR LINE NUMBER:				PAGE	6	OF	50		
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

	Statements may not be sold or used by any per ne name and address of any political committee to				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAI	N PAC			
Full Name of Individual (Last, First, Middle Ir Agarin, Taghogho, , , MD	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 2121 Cambridge Drive		04 21 2017			
City	State Zip Code	Transaction ID : SA11AI.12290			
West Plains	MO 65775	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Ozarks Medical Center	Physician	Contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	0.0				
Other (specify) ▼	500.00				
Full Name of Individual (Last, First, Middle Ir Albers, Sheri, , , DO	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 2178 Morley Way		04 24 2017			
City	State Zip Code	Transaction ID : SA11AI.12254			
Sacramento	CA 95864	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	365.00			
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	Memo Item Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00				
Full Name of Individual (Last, First, Middle In Ambrose, Michael, , , MD	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 1114 Lucas Avenue Unit 215		04 21 2017			
City	State Zip Code	Transaction ID : SA11AI.12287			
St. Louis	MO 63101	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	365.00			
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	Memo Item Contribution			
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General Other (specify)	365.00				
SUBTOTAL of Receipts This Page (optional)	>	1230.00			
TOTAL This Period (last page this line number	r only)				

I OIT LINE HOWBETT.					PAGE	7	OF	50	
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

	he name and address of any political committee					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAI	N PAC				
Full Name of Individual (Last, First, Middle III) A. Arora, Ripu, , , MD	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 22910 Crenshaw Blvd.	04 22 2017					
Ste. A City	State Zip Code	Transaction ID : SA11AI.12279				
Torrance	CA 90505	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	500.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Peninsula Pain Management Ctr	Physician	Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	500.00					
Full Name of Individual (Last, First, Middle II Aydin, Steve, , , DO	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 85 Walsh Drive	Mailing Address 85 Walsh Drive					
City	State Zip Code	01 27 2017 Transaction ID : SA11Al.12194				
Mahwah	NJ 07430	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1500.00				
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name of Individual (Last, First, Middle In Bakhit, Cyrus, , , MD	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1316 S. Jefferson Street		05 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.12302				
Roanoke	VA 24016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	5000.00				
Name of Employer (for Individual) National Spine & Pain Clinics	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For:	· Aggregate rear-to-bate *					
Primary General Other (specify)	5000.00					
SUBTOTAL of Receipts This Page (optional)	>	7000.00				
TOTAL This Period (last page this line numbe	er only)					

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	8	OF	50
(0	che	ck only	or	ie)					
	×	11a		11b		11c	12		
		13		14		15	16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

	1 1 -,	, , ,		
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTER	VENTIONAL PAIN F	PHYSICIAN	PAC
۹.	Full Name of Individual (Last, First, Middle Initia Balog, Carl, , , MD Mailing Address 9527 NW Arborview Drive	or Full Organization Name		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Portland FEC ID number of contributing federal political committee. Name of Employer (for Individual) Portland Pain & Spin	State Zip Code 97229 C Occupation (for Individue Physician	al)	7 Transaction ID : SA11AI.12222 Amount of Each Receipt this Period 2000.00 Memo Item Contribution
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2000.00	
3.	Full Name of Individual (Last, First, Middle Initia Boswell, Mark, , , MD, PhD Mailing Address 1934 Spring Drive City Louisville FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Louisville	State Zip Code KY 40265	lal)	Date of Receipt M M A 24 2017 Transaction ID : SA11Al.12265 Amount of Each Receipt this Period 2000.00 Memo Item Contribution
	Pagaint For:	Physician Aggregate Year-to-Date ▼	2000.00	Contribution
C .	Full Name of Individual (Last, First, Middle Initia Boutwell, Kaylea, , , Mailing Address 16617 Caulks Creek Ridge City Wildwood FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	or Full Organization Name State	al)	Date of Receipt M
S	SUBTOTAL of Receipts This Page (optional)		······	5000.00
Т	OTAL This Period (last page this line number on	y)		1

FOR LINE NUMBER:					PAGE	9	OF	50	
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

	the name and address of any political committee	ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICI	AN PAC				
Full Name of Individual (Last, First, Middle Buenaventura, Ricardo, , , MD	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 279 Timberleaf Dr.		01 27 2017				
City	State Zip Code	Transaction ID : SA11AI.12193				
Beavercreek	OH 45430	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Dayton Pain Med	Physician	Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	500.00					
Full Name of Individual (Last, First, Middle Bukhalo, Yuriy, , , MD	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1140 Pfingsten Road		02 28 2017				
City	State Zip Code	Transaction ID : SA11AI.12209				
Glenview	IL 60025	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name of Individual (Last, First, Middle Calodney, MD, Aaron, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1814 Roseland		04 24 2017				
City	State Zip Code	Transaction ID : SA11AI.12256				
Tyler	TX 75711	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1100.00				
Name of Employer (for Individual) Precision Spine Care	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For:						
Primary General	Aggregate Year-to-Date ▼	-				
Other (specify)	1100.00					
SUBTOTAL of Receipts This Page (optional).		2100.00				
TOTAL This Period (last page this line number	er only)					

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	 10	OF	50
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Conn, Corey, , , Date of Receipt Mailing Address 7015 Hwy 190 E Serv. Rd. 2017 City State Zip Code Transaction ID: SA11AI.12225 LA Covington 70433 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Premier Pain Center Contribution Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cordner, MD, Harold, , , Date of Receipt Mailing Address 13837 US 1 04 2017 City State Zip Code Transaction ID: SA11AI.12264 FL 32958 Sebastian Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Contribution Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00

		j	
Full Name of Individual (Last, First, Middle Ir Dasari MD, Satish, , ,	nitial) or Full Or	ganization Name	Date of Receipt
Mailing Address 8840 Calumet Ave. Ste 103			04 22 2017
City	State	Zip Code	Transaction ID : SA11AI.12277
Munster	IN	46321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Midwest Interventional Spine	Physi	cian	Contribution
Receipt For: Primary General Other (specify)	Aggregate \	/ear-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

	FOR LINE NUMBER: PAGE 11 OF								50		
(c	he	ck only	or	ne)							
	X	11a		11b		11c		12			
		13		14		15		16	;		17

	Statements may not be sold or used by any perse name and address of any political committee to					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	ERVENTIONAL PAIN PHYSICIAN	I PAC				
Full Name of Individual (Last, First, Middle In Datta, Sukdeb, , ,	itial) or Full Organization Name	Date of Receipt				
Mailing Address 1 Treetop Ct		04 24 2017				
City Berkley Heights	State Zip Code NJ 07927	Transaction ID : SA11AI.12258				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer (for Individual) Datta Surgery and Pain Center Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Physician Aggregate Year-to-Date ▼ 1000.00	Memo Item Contribution				
Full Name of Individual (Last, First, Middle In Day, Miles, , , Mailing Address 3601 4th Street Rm 1C282 City Lubbock FEC ID number of contributing federal political committee. Name of Employer (for Individual) Texas Tech University Receipt For: Primary General Other (specify)	State Zip Code TX 79430 C Occupation (for Individual) Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / 20				
Full Name of Individual (Last, First, Middle In Diwan, Sudhir, , , Mailing Address 38 Carter Street City Norwood FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State Zip Code 07648 C Occupation (for Individual) Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M				
SUBTOTAL of Receipts This Page (optional)	>	2500.00				
TOTAL This Period (last page this line number	only)					

		LINE	PAGE	 12	OF	50			
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

	statements may not be sold or used by any per he name and address of any political committee t						
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	N PAC					
Full Name of Individual (Last, First, Middle I Fairbanks, J.H., , , MD	nitial) or Full Organization Name	Date of Receipt					
Mailing Address P.O. Box 301		02 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.12208					
Vidalia	LA 71373	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Self-employed	Physician	Contribution					
Receipt For:	Aggregate Year-to-Date ▼	7					
Primary General	00 0						
Other (specify) ▼	300.00						
Full Name of Individual (Last, First, Middle I Fairbanks, J.H., , , MD	nitial) or Full Organization Name	Date of Receipt					
Mailing Address P.O. Box 301		03 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.12221					
Vidalia	LA 71373	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer (for Individual) Self-employed	Occupation (for Individual) Physician	Memo Item Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00						
Full Name of Individual (Last, First, Middle I Fairbanks, J.H., , , MD	nitial) or Full Organization Name	Date of Receipt					
Mailing Address P.O. Box 301		04 03 2017					
City	State Zip Code	Transaction ID : SA11AI.12232					
Vidalia	LA 71373	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer (for Individual) Self-employed	Occupation (for Individual) Physician	Memo Item Contribution					
Receipt For:	Aggregate Year-to-Date ▼	†					
Primary General	Aggregate rear-tu-Date ▼						
Other (specify)	600.00						
SUBTOTAL of Receipts This Page (optional)		450.00					
TOTAL This Period (last page this line number	er only)						

				MBER	:	PAGE	 13	OF	50
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

	he name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAI	N PAC
Full Name of Individual (Last, First, Middle I Fairbanks, J.H., , , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address P.O. Box 301		05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.12300
Vidalia	LA 71373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self-employed	Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	750.00	
Full Name of Individual (Last, First, Middle I Fairbanks, J.H., , , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address P.O. Box 301		06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.12308
Vidalia	LA 71373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Self-employed	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address P.O. Box 152199		01 19 2017
City	State Zip Code	Transaction ID : SA11AI.12189
Татра	FL 33607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Spine Diagnostics & Interventi	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	er only)	

F	OR	LINE	NU	MBER	:	PAGE	 14	OF	50
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

	the name and address of any political committee	ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICI	AN PAC				
Full Name of Individual (Last, First, Middle Galan, Vincent, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 4160 Riverview Road		04 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code GA 30327	Transaction ID : SA11AI.12235				
Atlanta	GA 30327	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	5000.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Self	Physician	Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	5000.00					
Full Name of Individual (Last, First, Middle Galuardi, Chris, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 305 Powell Circle		01 27 2017				
City	State Zip Code	Transaction ID : SA11AI.12205				
Berlin	MD 21811	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer (for Individual) Berlin Interventional Pain	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name of Individual (Last, First, Middle C. Gharibo, Chris, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 292 Haven Road		04 24 2017				
City	State Zip Code	Transaction ID : SA11AI.12275				
Franklin Lakes	NJ 07417	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer (for Individual)	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For:	Aggregate Year-to-Date ▼	—— —— —— —— —— —— —— —— —— —— —— —— ——				
Primary General	Aggregate real-to-Date ▼	¬				
Other (specify)	1000.00					
SUBTOTAL of Receipts This Page (optional)		6500.00				
TOTAL This Period (last page this line numb	per only)					

				MBER	:	PAGE	 15	OF	50
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

	sing the name and address of any political committee					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF	INTERVENTIONAL PAIN PHYSICIA	N PAC				
Full Name of Individual (Last, First, Mid	ddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3356 Vineville Ave		02 28 2017				
City	State Zip Code	Transaction ID : SA11AI.12211				
Macon	GA 31204	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Pain Institute of Georgia	Physician	Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1000.00					
Full Name of Individual (Last, First, Mid 3. Glaser, Scott, , , MD	ddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 134 E 4th Street		01 18 2017				
City	State Zip Code	Transaction ID : SA11AI.12190				
Hinsdale	IL 60521	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	5000.00				
Name of Employer (for Individual) Pain Spec.of Greater Chicago	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00					
Full Name of Individual (Last, First, Mic C. Gore, Herman, , , MD	ddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 900 Cox Rd.		01 27 2017				
City	State Zip Code	Transaction ID : SA11AI.12199				
Gastonia	NC 28054	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	Memo Item Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	250.00					
SUBTOTAL of Receipts This Page (option	onal)	6250.00				
TOTAL This Period (last page this line n	umber only)	1 1 40 1 1 40 1 1 40 1				

FOR LINE NUMBER:						PAGE	 16	OF	50
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16		17

	nd Statements may not be sold or used by any person the name and address of any political committee t							
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC						
Full Name of Individual (Last, First, Middle Gossler, Kenneth, , , MD Mailing Address 1475 E. Canyon Spring C		Date of Receipt						
City Tucson	State Zip Code AZ 85718	Transaction ID : SA11AI.12267 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	500.00						
Name of Employer (for Individual) Pain Institute of S. Arizona Receipt For: Primary General Other (specify)	Pain Institute of S. Arizona Receipt For: Primary General Physician Aggregate Year-to-Date ▼							
Full Name of Individual (Last, First, Middle Gupta, Mayank, , , MD	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 9640 Falcon Ridge Drive City Lenexa FEC ID number of contributing federal political committee. Name of Employer (for Individual) Anesthesiology Professional Receipt For: Primary General Other (specify) ▼	State Zip Code KS 66220 C Occupation (for Individual) Physician Aggregate Year-to-Date 500.00	Transaction ID: SA11Al.12289 Amount of Each Receipt this Period 500.00 Memo Item Contribution						
Full Name of Individual (Last, First, Middle Haney, Bill, , , MD Mailing Address 4205 Springhurst Blvd #101 City Louisville FEC ID number of contributing federal political committee. Name of Employer (for Individual) ELIPS, PLLL Receipt For: Primary General Other (specify)	State Zip Code KY 40241 C Occupation (for Individual) Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / 28 2017 Transaction ID: SA11AI.12297 Amount of Each Receipt this Period 500.00 Memo Item Contribution						
SUBTOTAL of Receipts This Page (optional)	1500.00						
	<u> </u>							
IDIAL This Period (last page this line num	ber only)							

1 OIT LINE HOMBLIN						PAGE	1	17	OF	5	0
(check only one)											
[7	X	11a		11b		11c		12			
		13		14		15		16		1	7

	g the name and address of any political committee								
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIA	AN PAC							
Full Name of Individual (Last, First, Middle Haney, Bill, , , MD	e Initial) or Full Organization Name	Date of Receipt							
Mailing Address 4205 Springhurst Blvd #101		05 30 / Y Y Y Y Y							
City	City State Zip Code								
	Louisville KY 40241								
FEC ID number of contributing federal political committee.	C	500.00							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item							
ELIPS, PLLL	Physician	Contribution							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	1000.00								
Full Name of Individual (Last, First, Middle Haney, Perry, , , MD	e Initial) or Full Organization Name	Date of Receipt							
Mailing Address P.O. Box 6680		02 28 2017							
City	State Zip Code	Transaction ID : SA11AI.12210							
Denver	CO 80206	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	, and the second								
Name of Employer (for Individual) Spine One, Inc.	Occupation (for Individual) Physician	Memo Item Contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00								
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt							
Mailing Address 1223 Summit Drive		05 12 2017							
City	State Zip Code	Transaction ID : SA11AI.12303							
Lexington	KY 40502	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	500.00							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item							
Univ. of Kentucky	Physician	Contribution							
Receipt For: Primary General	Aggregate Year-to-Date ▼								
Other (specify)	500.00								
SUBTOTAL of Receipts This Page (optional	l) >	1365.00							
TOTAL This Period (last page this line num	ber only)								

FO	PAGE	 18	OF	50			
(ch	eck on						
7	1 1a	11b		11c	12		
	13	14		15	16		17

	Statements may not be sold or used by any per le name and address of any political committee								
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAI	N PAC							
Full Name of Individual (Last, First, Middle In Helm II MD, Standiford, , ,	nitial) or Full Organization Name	Date of Receipt							
Mailing Address 1803 Calle de Los Alamos		04							
City									
San Clemente	CA 92672	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	1000.00							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item							
Pacific Coast Pain Management	Physician	Contribution							
Receipt For:	Aggregate Year-to-Date ▼]							
Primary General Other (specify) ▼	1000.00								
Full Name of Individual (Last, First, Middle Ir Henick, James, , , MD	nitial) or Full Organization Name	Date of Receipt							
Mailing Address 17541 Francis Farm Place		01 27 2017							
City	State Zip Code	Transaction ID : SA11AI.12197							
Hamilton	VA 20158	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	300.00							
Name of Employer (for Individual) Bon Secours Hospital	Occupation (for Individual) Physician	Memo Item Contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00								
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt							
Mailing Address 236 W. Livingston Place		01 27 2017							
City	State Zip Code	Transaction ID : SA11AI.12201							
Metairie	LA 70005	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	416.66							
Name of Employer (for Individual) Southern Pain	Occupation (for Individual) Physician	Memo Item Contribution							
Receipt For:	Aggregate Year-to-Date ▼	1							
Primary General Other (specify)	416.66								
SUBTOTAL of Receipts This Page (optional)	•	1716.66							
TOTAL This Period (last page this line number	· only)								

FOF	FOR LINE NUMBER:					_ ′	19	OF	50
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using										
NAME OF COMMITTEE (IN FUII) AMERICAN SOCIETY OF IN	ΓERVENTIONAL PA	IN PHYSICIA	N PAC							
Full Name of Individual (Last, First, Middle Hubbell, Paul, , , MD	Initial) or Full Organization Na	ame	Date of Receipt							
Mailing Address 236 W. Livingston Place										
City Metairie										
	10003		Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		416.66							
Name of Employer (for Individual)	Occupation (for In-	dividual)	Memo Item							
Southern Pain	Physician		Contribution							
Receipt For:	Aggregate Year-to-Date	▼								
Primary General Other (specify) ▼	7 7	833.32								
Full Name of Individual (Last, First, Middle Hubbell, Paul, , , MD	Initial) or Full Organization Na	ame	Date of Receipt							
Mailing Address 236 W. Livingston Place			03 28 2017							
City	State Zip Code		Transaction ID : SA11AI.12226							
Metairie	LA 70005		Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	416.66								
Name of Employer (for Individual) Southern Pain	Occupation (for In Physician	dividual)	Memo Item Contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1	1249.98								
Full Name of Individual (Last, First, Middle C. Hubbell, Paul, , , MD	Initial) or Full Organization Na	ame	Date of Receipt							
Mailing Address 236 W. Livingston Place			04 28 2017							
City	State Zip Code		Transaction ID : SA11AI.12298							
Metairie	LA 70005		Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		416.66							
Name of Employer (for Individual) Southern Pain	Occupation (for Inc	dividual)	Memo Item Contribution							
Receipt For:	Aggregate Year-to-Date	V	_							
Primary General Other (specify)	Aggregate real to bate	1666.64								
SUBTOTAL of Receipts This Page (optional).		>	1249.98							
TOTAL This Period (last page this line numb	er only)									

						PAGE	2	20	OF	50
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full)								
\rangle	AMERICAN SOCIETY OF INTE	RVENTIC	ONAL PAIN PHYSICIA	IN PAC					
Α.	Full Name of Individual (Last, First, Middle Initial Hubbell, Paul, , , MD	al) or Full Or	ganization Name	Date of Receipt					
	Mailing Address 236 W. Livingston Place	05 30 Y Y Y Y Y Y Y							
	City Metairie	State Zip Code LA 70005							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 416.66					
	Name of Employer (for Individual) Southern Pain	Occu Phys	pation (for Individual) iician	Memo Item Contribution					
	Receipt For: Primary General Other (specify) ▼								
В.	Full Name of Individual (Last, First, Middle Initial Hubbell, Paul, , , MD Mailing Address 236 W. Livingston Place	al) or Full Or	ganization Name	Date of Receipt					
	City	State	Zip Code	06 28 2017 Transaction ID : SA11AI.12309					
	Metairie	LA	70005	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		416.66					
	Name of Employer (for Individual) Southern Pain		pation (for Individual) sician	Memo Item Contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 2499.96						
— С.	Full Name of Individual (Last, First, Middle Initial Kaye, Alan, , , MD	al) or Full Or	ganization Name	Date of Receipt					
	Mailing Address 278 Citrus Road			04 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City River Ridge	State LA	Zip Code 70123	Transaction ID : SA11AI.12273 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer (for Individual) LSUHSC	Occu Phys	pation (for Individual) ician	Memo Item Contribution					
	Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 500.00						
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		<u> </u>	1333.32					

1 1		LINE	PAGE	2	21	OF	50		
((che								
	X	11a	11b		11c		12		
		13	14		15		16	6	17

	Statements may not be sold or used by any per le name and address of any political committee				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAI	N PAC			
Full Name of Individual (Last, First, Middle In Kerschner, Magdalene, , , MD	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 3441 Ivy Hills Blvd.	01 27 2017				
City Cincinnati	State Zip Code OH 45244	Transaction ID : SA11AI.12202			
		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	300.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
APSI	Physician	Contribution			
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	300.00				
Full Name of Individual (Last, First, Middle Ir Kerschner, Magdalene, , , MD	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 3441 Ivy Hills Blvd.		02 28 2017			
City	State Zip Code	Transaction ID : SA11AI.12216			
Cincinnati	OH 45244	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů (
Name of Employer (for Individual) APSI	Occupation (for Individual) Physician	Memo Item Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 3441 Ivy Hills Blvd.		03 28 2017			
City	State Zip Code	Transaction ID : SA11AI.12227			
Cincinnati	OH 45244	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	300.00			
Name of Employer (for Individual) APSI	Occupation (for Individual) Physician	Memo Item Contribution			
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General Other (specify)	900.00				
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	900.00			
TOTAL This Period (last page this line number	· only)				

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

50 FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kerschner, Magdalene, , , MD Date of Receipt Mailing Address 3441 Ivy Hills Blvd. 2017 City State Zip Code Transaction ID: SA11AI.12299 OH 45244 Cincinnati Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **APSI** Physician Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kerschner, Magdalene, , , MD Date of Receipt Mailing Address 3441 Ivy Hills Blvd. 05 2017 City State Zip Code Transaction ID: SA11AI.12307 OH Cincinnati 45244 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) APSI Contribution Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼		1500.00	
Full Name of Individual (Last, First, Middle In Kerschner, Magdalene, , , MD	itial) or Full Org	anization Name	Date of Receipt
Mailing Address 3441 Ivy Hills Blvd.			06 28 2017
City	State	Zip Code	Transaction ID : SA11AI.12310
Cincinnati	OH	45244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer (for Individual)	Occup	eation (for Individual)	Memo Item
APSI	Physic	cian	Contribution
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 1800.00	
	<u> </u>		

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

					:	PAGE	2	23	OF	50
l ` ′										
	X	11a		11b		11c		12		
FOR LINE NUMBER: (check only one) X 11a 11b 13 14				15		16		17		

or for commercial purposes, other than using		ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHY	SICIAN PAC
Full Name of Individual (Last, First, Middle Kloth, David, , , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 100 Mill Plain Road		01 27 2017
City	State Zip Code	Transaction ID : SA11AI.12203
Danbury	CT 06811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self	Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250	.00
Full Name of Individual (Last, First, Middle Kloth, David, , , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 100 Mill Plain Road		02 28 2017
City	State Zip Code	Transaction ID : SA11Al.12217
Danbury	CT 06811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name of Individual (Last, First, Middle C. Kloth, David, , , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 100 Mill Plain Road		03 28 2017
City	State Zip Code	Transaction ID : SA11AI.12228
Danbury	CT 06811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	750	0.00
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line numb		

			LINE	PAGE	2	24	OF	50			
(check only one)											
		×	11a		11b		11c		12		
11a 11b 11b 14						15		16		17	

NAME OF COMMITTEE (In Full)	ng the name and address of any political committee NTERVENTIONAL PAIN PHYSICIA	
Full Name of Individual (Last, First, Midd		NPAC
A. Loudermilk, Eric, , , MD Mailing Address 112 Carter Oak Rdg.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Anderson	State Zip Code SC 29621	Transaction ID : SA11AI.12184 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
B. Malik, Vinod, , , MD Mailing Address 767 N. Beach Street	lle Initial) or Full Organization Name	Date of Receipt
City Osmond Beach	State Zip Code FL 32174	02 28 2017 Transaction ID : SA11AI.12214 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer (for Individual) Alliance Healthcare	Occupation (for Individual) Physicians	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name of Individual (Last, First, Midd C. Manchikanti, Chandrakala, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2075 Natchez Lane		01 16 2017
City Paducah	State Zip Code KY 42001	Transaction ID : SA11AI.12188 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer (for Individual) KSA Enterprises, Inc.	Occupation (for Individual) Executive	Memo Item Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (option	al)	10500.00

FOR LINE NUMBER: (check only one)					:	PAGE	2	25	OF	5	50	
	l ` ′											
l ` ′							11c		12			
(check only one)				15		16	ſ		17			

or for c				to solicit contributions from such committee.
	IERICAN SOCIETY OF INTER	RVENTIC	NAL PAIN PHYSICIA	N PAC
A. Ma	Name of Individual (Last, First, Middle Initia nchikanti, Laxmaiah, , , MD	l) or Full Org	ganization Name	Date of Receipt
	ng Address 2075 Natchez Lane	Ta	I	01 16 2017
City Pad	ucah	State KY	Zip Code 42001	Transaction ID : SA11AI.12187 Amount of Each Receipt this Period
	ID number of contributing ral political committee.	С		5000.00
PMC	e of Employer (for Individual) CPPSC	'	pation (for Individual)	Memo Item Contribution
Rece	eipt For: Primary	Aggregate Y	ear-to-Date ▼ 5000.00	
B. Mil	Name of Individual (Last, First, Middle Initia ler, Eric, , , MD ng Address 213 Hunters Village	ıl) or Full Org	ganization Name	Date of Receipt
City	/ Braunfels	State	Zip Code 78132	04 20 2017 Transaction ID : SA11AI.12241 Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	С		5000.00
Nam Self	ne of Employer (for Individual)	Occup Physi	oation (for Individual) ician	Memo Item Contribution
Rece	eipt For: Primary	Aggregate Y	ear-to-Date ▼ 5000.00	
	Name of Individual (Last, First, Middle Initia	l) or Full Org	ganization Name	Date of Receipt
	ng Address 213 Hunters Village			04 20 2017
City Nev	v Braunfels	State TX	Zip Code 78132	Transaction ID : SA11AI.12244 Amount of Each Receipt this Period
	ID number of contributing ral political committee.	С		5000.00
Self	e of Employer (for Individual)	Occup Physic	oation (for Individual) cian	Memo Item Contribution
Rece	eipt For: Primary	Aggregate Y	ear-to-Date ▼ 5000.00	
SUBT	OTAL of Receipts This Page (optional)		>	15000.00
TOTAL	This Period (last page this line number or	nly)	>	

Use separate schedule(s) for each category of the Detailed Summary Page

				:	PAGE	2	26	OF	50
(0	che	ck only							
	X	11a	11b		11c		12		
FOR LINE NUMBER: (check only one) X 11a 11b 13 14				15		16		17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Minore, W. Stephen, , , MD Date of Receipt Mailing Address 2202 Harlem Rd. 27 2017 City State Zip Code Transaction ID : SA11AI.12200 IL Loves Park 61111 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Rockford Anest. Assoc. Physician Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Parks, Jon, , , Date of Receipt Mailing Address 3715 N. Oliver 04 03 2017 C

	Vichita	State	Zip Code 67220	Transaction ID : SA11AI.12231 Amount of Each Receipt this Period
	FEO ID countries of a satellisation	C		2000.00
	Name of Employer (for Individual) Advanced Pain Receipt For: Primary General Other (specify) ▼	Occupat Physicia Aggregate Yea		Memo Item Contribution
) .	Full Name of Individual (Last, First, Middle Initial) Parmele, James, , , MD Mailing Address 16312 Limerick Lane	or Full Organ	nization Name	Date of Receipt
	City Minnetonka	State MN	Zip Code 55345	04 20 2017 Transaction ID : SA11AI.12237 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) Self	Occupati Physicia	ion (for Individual) n	Memo Item Contribution
	Receipt For: Primary General Other (specify)	Aggregate Yea	nr-to-Date ▼ 1000.00	
S	UBTOTAL of Receipts This Page (optional)		·····	8000.00
Т	OTAL This Period (last page this line number only	y)	·····	

Use separate schedule(s) for each category of the Detailed Summary Page

						:	PAGE	2	27 C	F	50
	l ` ′										
11a 11b							11c		12		
	FOR LINE NUMBER: (check only one) X 11a 11b 13 14				15		16		17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Parr, Allan, , , MD Date of Receipt Mailing Address 7015 Highway 190 East Service Road 2017 20 City State Zip Code Transaction ID: SA11AI.12248 LA Covington 70433 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Premier Pain Center Physician Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Patel, Ketan, , , MD Date of Receipt Mailing Address 9475 Canonbury Square 04 2017 City State Zip Code Transaction ID : SA11AI.12272 Fairfax 22031 Amount of Each Receipt this Period FEC ID number of contributing C

federal political committee.	C		500.00
Name of Employer (for Individual) NSPC Receipt For: Primary General Other (specify) ▼	Occupa Physici Aggregate Yea		Memo Item Contribution
Full Name of Individual (Last, First, Middle In Ponder, Jimmy, , , MD Mailing Address 208 Acadia Woods Dr. City	nitial) or Full Orga	, , , , , , , , , , , , , , , , , , , ,	Date of Receipt O1 27 2017 Transaction ID: SA11AI.12206
Thibodaux FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify)	C	tion (for Individual)	Amount of Each Receipt this Period 3000.00 Memo Item Contribution
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	8500.00

FOR LINE NUMBER: (check only one)				:	PAGE	2	28	OF	50		
	l ` ′										
		X	11a		11b		11c		12		
(check only one)				15		16		17			

or for commercial purposes, other than using		ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF II	NTERVENTIONAL PAIN PHYSIC	CIAN PAC
Full Name of Individual (Last, First, Midd Potter, Ryan, , , MD Mailing Address 5734 Spohn Drive Ste. A City Corpus Christi FEC ID number of contributing	State Zip Code TX 78414	Date of Receipt M
federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Physician Aggregate Year-to-Date ▼ 250.00	Memo Item Contribution
B. Randhawa, Manjit, , , DO Mailing Address 110 Bayou Road	lle Initial) or Full Organization Name	Date of Receipt O1 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lake Jackson FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) ▼	State Zip Code 77566 C Occupation (for Individual) Physician Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00 Memo Item Contribution
Full Name of Individual (Last, First, Middon Ray, Mahoua, , , MD) Mailing Address 9640 Falcon Ridge Drive City Lennexa FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify)	· -	Date of Receipt M M M / 21 2017 Transaction ID : SA11AI.12286 Amount of Each Receipt this Period 500.00 Memo Item Contribution
SUBTOTAL of Receipts This Page (option. TOTAL This Period (last page this line nur	al)	1000.00

						PAGE	2	29 (DF	50	
	(0	che	ck only	or	ne)						
		X	11a		11b		11c		12		
			13		14		15		16		17

		I committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PH	IYSICIAN PAC
Full Name of Individual (Last, First, Middle Riegler, Francis, , , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 819 Auto Center Drive Ste A		04 20 2017
City	State Zip Code	Transaction ID : SA11AI.12246
Palmdale	CA 93551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Universal Pain Mgmt.	Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	6	325.00
Full Name of Individual (Last, First, Middle B. Rupert, Steven, , , MD	Date of Receipt	
Mailing Address 2330 Lynch Road		04 20 2017
City	State Zip Code	Transaction ID : SA11AI.12247
Evansville	IN 47711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	000.00
Full Name of Individual (Last, First, Middle Sanapati, Mahendra, , , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7311 Parkridge Dr.		01
City Newburgh	State Zip Code IN 47630	Transaction ID : SA11AI.12207
	47000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer (for Individual)	Occupation (for Individual)	
Advanced Pain Care Clinic Receipt For:	Physician	Contribution
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	50	000.00
SUBTOTAL of Receipts This Page (optional).		7625.00
TOTAL This Period (last page this line number	er only)	

F							. 3	30 (ЭF		50	
(check only one)												
	X	11a		11b		11c		12				
		13		14		15		16			17	

	s and Statements may not be sold or used by any per sing the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF	INTERVENTIONAL PAIN PHYSICIA	N PAC
Full Name of Individual (Last, First, Mid Sanchez, Manuel, , , MD Mailing Address 944 Calef Highway	ddle Initial) or Full Organization Name	Date of Receipt
		01 12 2017
City	State Zip Code	Transaction ID : SA11AI.12186
Barrington	NH 03825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Interventional Spine Medicine	Physician	Contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Mid Sanchez, Manuel, , , MD	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 944 Calef Highway	Tax	02 28 2017
City	State Zip Code	Transaction ID : SA11AI.12219
Barrington	NH 03825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer (for Individual) Interventional Spine Medicine	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	, 615.00	
Full Name of Individual (Last, First, Mic. Seeman, Benjamin, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 6900 Forest Ave. Ste. 310		01 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.12195
Richmond	VA 23230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	Memo Item Contribution
Receipt For:		
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	865.00
TOTAL This Period (last page this line n	umber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE	3	31	OF	50	
	(0	che	ck only	or	ne)						
		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Sellers, Alethia, , ,	e Initial) or Full Organization Name	N PAC Date of Receipt					
Mailing Address 422 Summit Way		01 24 2017					
City	State Zip Code	Transaction ID : SA11AI.12191					
Fultondale	AL 35068	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
UAB	Physician	Contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name						
Shwartzman, Boris, , , MD		Date of Receipt					
Mailing Address 46 Knob Hill Street		04 21 2017					
City	State Zip Code	Transaction ID : SA11Al.12292					
Sharon	MA 02067	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	450.00					
Name of Employer (for Individual) Self	Occupation (for Individual) Physician	Memo Item Contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	450.00						
Full Name of Individual (Last, First, Middle Silverman, Sanford, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 100 E. Sample Rd.		<u> </u>					
Suite 200		04 21 2017					
City	State Zip Code	Transaction ID : SA11AI.12280					
Pompano Beach	FL 33064	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	375.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Sanford Silverman	Physician	Contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	00 0	1					
Other (specify)	375.00						

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE	3	32	OF	50	
	(0	che	ck only	or							
		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIO	NAL PAIN PHYSICIAN	N PAC
Full Name of Individual (Last, First, Middle Singh, Vijay, , , MD	Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 8090 W. Millie Hill Estates			03 01 2017
City Iron Mountain	State MI	Zip Code 49801	Transaction ID : SA11AI.12220 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer (for Individual) Self	Occupa Physic	ation (for Individual)	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle Snook, Lee, , , MD	Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 2283 Auburn Blvd. Ste 106			04 24 2017
City Sacramento	State CA	Zip Code 95821	Transaction ID : SA11AI.12260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) MPMC	Occup Physic	ation (for Individual) cian	Memo Item Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Wang, Jeffrey, , , MD Mailing Address 1066 Hoa Street	Initial) or Full Orga	anization Name	Date of Receipt
City Honolulu	State HI	Zip Code 96825	04 21 2017 Transaction ID : SA11AI.12282
FEC ID number of contributing federal political committee.	C	30020	Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Honolulu Pain Mgmt Clinic	Occup: Physic	ation (for Individual) ian	Memo Item Contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))	•	6500.00
TOTAL This Period (last page this line numb	per only)	>	

FO	R LINE	NUMBER	: PAG	E 33 OF	50						
(check only one)											
×	11a	11b	11c	12							
	13	14	15	16	17						

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may no he name and addre	ot be sold or used by any pess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTION	AL PAIN PHYSICIA	N PAC					
Full Name of Individual (Last, First, Middle I Wilson, James, , , MD Mailing Address 101 E. 75th Street	Initial) or Full Organ	ization Name	Date of Receipt					
Ste. 110	State	Zin Codo	04 24 2017					
City Naperville	IL	Zip Code 60565	Transaction ID : SA11AI.12269					
Naperville	"-	00303	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual)	Occupati	on (for Individual)	Memo Item					
Self	Physicia		Contribution					
Receipt For:	Aggregate Year	r-to-Date ▼						
Primary General Other (specify) ▼	Aggregate real	500.00						
Full Name of Individual (Last, First, Middle I Woska, Scott, , , MD	Initial) or Full Organ	ization Name	Date of Receipt					
Mailing Address 100 Farm Bridge Rd.			04 20 7 2017					
City		Zip Code	Transaction ID : SA11AI.12249					
Marlboro	NJ	07746	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00						
Name of Employer (for Individual) Self	Occupati Physicia	on (for Individual) n	Memo Item Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 1000.00						
Full Name of Individual (Last, First, Middle I Yates, Heather, , ,	Initial) or Full Organ	ization Name	Date of Receipt					
Mailing Address 145 Corbett Drive			04 12 2017					
City	State	Zip Code	Transaction ID : SA11AI.12233					
Paducah	KY	42001	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		400.00					
Name of Employer (for Individual)	Occupati	on (for Individual)	Memo Item					
Pain Management Center	Receptio	,	Contribution					
Receipt For:	Aggregate Year	r-to-Date ▼						
Primary General Other (specify)	55.153.154.1	400.00						
SUBTOTAL of Receipts This Page (optional)		······	1900.00					
TOTAL This Period (last page this line number	er only)		104759.96					

	FOR LINE NUMBER:						PAGE	3	34	OF		50
Use separate schedule(s)	(c	(check only one)										
for each category of the Detailed Summary Page			11a		11b		11c		12			
Dotailed Cultimary 1 age			13		14		15		16		X	17
not be sold or used by any person for the purpose of soliciting contributions												

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC					
	ull Name of Individual (Last, First, Middle Initia Bantera Bank	Date of Receipt				
_	failing Address 3151 Jackson Street	01 31 2017				
	Paducah	State KY	Zip Code 42003	Transaction ID : SA17.12347 Amount of Each Receipt this Period		
	EC ID number of contributing ederal political committee.	C		1636.00		
N	lame of Employer (for Individual)	Employer (for Individual) Occupation (for Individual)				
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1815.42			
B	ull Name of Individual (Last, First, Middle Initia Bantera Bank	Date of Receipt				
_	Mailing Address 3151 Jackson Street	02 28 2017				
	Paducah	State KY	Zip Code 42003	Transaction ID : SA17.12351 Amount of Each Receipt this Period		
	EC ID number of contributing ederal political committee.	C				
N	lame of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item Interest		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1826.92			
	ull Name of Individual (Last, First, Middle Initia Bantera Bank	Date of Receipt				
_	failing Address 3151 Jackson Street	02 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Paducah	State KY	Zip Code 42003	Transaction ID : SA17.12352 Amount of Each Receipt this Period		
	EC ID number of contributing ederal political committee.	С		4963.79		
	lame of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item Dividends		
F	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 6790.71				
SU	BTOTAL of Receipts This Page (optional)		>	6611.29		
ТО	TAL This Period (last page this line number on	lv)				

Image# 201707319069882868				
SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 OF 50 (check only one)		
ITEMIZED RECEIPTS		11a 11b 11c 12 13 14 15 16 X 17		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC				

	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC				
Α.	Full Name of Individual (Last, First, Middle Init Bantera Bank	Date of Receipt			
	Mailing Address 3151 Jackson Street	02 28 2017			
	City Paducah	State KY	Zip Code 42003	Transaction ID : SA17.12353 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		133.24	
	Name of Employer (for Individual) Occupation (for Individual)			Memo Item Change in Investment	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 6923.95		
В.	Full Name of Individual (Last, First, Middle Init Bantera Bank	Date of Receipt			
	Mailing Address 3151 Jackson Street				
	City Paducah	State KY	Zip Code 42003	Transaction ID : SA17.12357 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		16.04	
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item Interest	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 6939.99		
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Bantera Bank	Date of Receipt			
	Mailing Address 3151 Jackson Street	03 31 2017			
	City Paducah	State KY	Zip Code 42003	Transaction ID : SA17.12358 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		855.97	
	Name of Employer (for Individual)	Occup	oation (for Individual)	Memo Item Dividends	
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 7795.96		
s	SUBTOTAL of Receipts This Page (optional)		·····	1005.25	
Т	TOTAL This Period (last page this line number of	only)	······	7 7 7	

	FOR LINE NUMBER:	PAGE 36 OF 50				
Use separate schedule(s)	(check only one)					
for each category of the Detailed Summary Page	11a 11b	11c 12				
	13 14	15 16 X 17				
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.						
DNAL PAIN PHYSICIAN PAC						

	rmation copied from such Reports and Stat mmercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC				
	lame of Individual (Last, First, Middle Initial tera Bank	anization Name	Date of Receipt	
Mailin	Mailing Address 3151 Jackson Street			04 30 2017
City	City		Zip Code	Transaction ID : SA17.12362
Padu	cah	KY 42003		Amount of Each Receipt this Period
	ID number of contributing at political committee.	С		13.45
Name	Name of Employer (for Individual)		ation (for Individual)	Memo Item Interest
Recei	pt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼	riggrogate re	7809.41	
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bantera Bank			Date of Receipt
Mailin	Mailing Address 3151 Jackson Street			04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID : SA17.12363
Padu	cah	KY	42003	Amount of Each Receipt this Period
	D number of contributing al political committee.	Aggregate Year-to-Date ▼		146.40 Memo Item Dividends
Name	of Employer (for Individual)			
Recei	or:			
	Primary General			
	Other (specify) ▼	4	7955.81	
. Bar	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bantera Bank			Date of Receipt
	lailing Address 3151 Jackson Street			04 30 / 2017
City Padu	icah	State KY	Zip Code 42003	Transaction ID : SA17.12365
		101	72000	Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		1360.18
	of Employer (for Individual)	Occupation (for Individual)		Memo Item Change in Investment
	pt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 9315.99	
SUBTO	TAL of Receipts This Page (optional)		·····	1520.03
TOTAL	This Period (last page this line number on	ly)	·····	7 7

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	_	R LINE N				PAGE	3	37 OF	5	0		
Use separate schedule(s) for each category of the	(che	(check only one)										
Detailed Summary Page		11a		11b		11c		12				
zotanou cummary r ago		13		14		15		16	X 1	17		
not be sold or used by any pe	not be sold or used by any person for the purpose of soliciting contributions											
dress of any political committee	to sol	icit contr	ribu	ıtions	fror	n such	СО	mmitte	e.			
NAL PAIN PHYSICIA	NΡ	AC										

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PA Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bantera Bank Date of Receipt Mailing Address 3151 Jackson Street 2017 31 City State Zip Code Transaction ID: SA17.12368 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 19.28 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Interest Receipt For: Aggregate Year-to-Date ▼ Primary General 9335.27 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bantera Bank Date of Receipt Mailing Address 3151 Jackson Street 05 2017 City State Zip Code Transaction ID: SA17.12369 Paducah KY 42003 Amount of Each Receipt this Period FEC ID number of contributing 146.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dividends Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 9481.66 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bantera Bank Date of Receipt Mailing Address 3151 Jackson Street 2017 City State Zip Code Transaction ID: SA17.12370 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 1117.01 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Change in Investment Receipt For: Aggregate Year-to-Date ▼ Primary General 10598.67 Other (specify) 1282.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	F	OR	LINE	NU	MBER	:	PAGE	: 3	38	OF		17
Use separate schedule(s)	(0	(check only one)										
for each category of the Detailed Summary Page			11a		11b		11c		12			
			13		14		15		16		X	17
not be sold or used by any person for the purpose of soliciting contributions												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bantera Bank Date of Receipt Mailing Address 3151 Jackson Street 2017 City State Zip Code Transaction ID: SA17.12373 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 17.65 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Interest Receipt For: Aggregate Year-to-Date ▼ Primary General 10616.32 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bantera Bank Date of Receipt Mailing Address 3151 Jackson Street 06 2017 City State Zip Code Transaction ID: SA17.12374 Paducah KY 42003 Amount of Each Receipt this Period FEC ID number of contributing 964.59 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Dividends Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 11580.91 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bantera Bank Date of Receipt Mailing Address 3151 Jackson Street 30 2017 City State Zip Code Transaction ID: SA17.12376 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 370.89 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Change in Investment Receipt For: Aggregate Year-to-Date ▼ Primary General 11951.80 Other (specify)

JBTOTAL of Receipts This Page (optional)▶	Ī	Ī	,			,	1353.13	
OTAL This Period (last page this line number only)	Ξ	Ξ	7	_	_	-	11772.38	

S П

S	CHEDULE B (FEC Form 3X)		FOD LINE	FOR LINE NUMBER: PAGE 39 OF 50						
	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	TO MELLIN					
. 1			category of the Summary Page	` X 21b	· _ ·					
		Dotalied	Canimary rage	28a	28b 28c 29 30b					
	y information copied from such Reports and State for commercial purposes, other than using the nar									
\setminus	NAME OF COMMITTEE (In Full)									
$ \rangle$	AMERICAN SOCIETY OF INTERV	√ENTIOI	NAL PAIN F	PHYSICIAN	N PAC					
	Full Name (Last, First, Middle Initial)									
Α.	Bantera Bank				Date of Disbursement					
	Mailing Address 3151 Jackson Street				01 31 2017					
	City	State	Zip Code		FEC Identification Number					
	Paducah	KY	42003							
	Purpose of Disbursement Online Contribution Fee				C					
	Candidate Name			Cotogony	Transaction ID: SB21B.12344 Amount of Each Disbursement this Period					
				Category/ Type	Amount of Each Disbulsement this Period					
		ment For:			15.00					
	Senate President	Primary	General							
	State: District:	Other (spe	City) \blacktriangledown		Memo Item					
	Full Name (Last, First, Middle Initial)									
В.	Bantera Bank				Date of Disbursement					
					M = M / D = D / Y = Y = Y					
	Mailing Address 3151 Jackson Street	02 28 2017								
	City Paducah	State KY	Zip Code 42003		FEC Identification Number					
	Purpose of Disbursement	C								
	Bank fee	Transaction ID : SB21B.12348								
	Candidate Name			Category/	Amount of Each Disbursement this Period 20.00					
	Office Sought: House Disburse	ment For:		Туре						
	Senate Disburse	Primary	General							
	President	Other (spe			Memo Item					
	State: District:				Wellio Itelli					
_	Full Name (Last, First, Middle Initial)				Data of Dishusanant					
C.	Bantera Bank				Date of Disbursement					
	Mailing Address 3151 Jackson Street				02 28 2017					
	City	State	Zip Code		FEC Identification Number					
	Paducah	KY	42003							
	Purpose of Disbursement Credit Card Fees				C					
	Candidate Name			Category/	Transaction ID : SB21B.1234§ Amount of Each Disbursement this Period					
		Amount of Each Disburschicht this 1 chou								
		ment For:			466.97					
	Senate Primary General President Other (specify) ▼									
	State: District:	Onler (spe	ony) ▼		Memo Item					
Г										
s	UBTOTAL of Disbursements This Page (optional)			·····	501.97					
H				<u> </u>						
[T	OTAL This Period (last page this line number only	")								

S 17

S	CHEDULE B (FEC Form 3X)			FOR	FOR LINE NUMBER: PAGE 40 OF				GE 40 OF 50		
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	_ I `	_	y one)			07		
			Summary Page	×	21b 28a	22 28b	23 28c	26	27 30b		
Δι	ny information copied from such Reports and State	mente may i	not he sold or us	ed by an							
	for commercial purposes, other than using the nar										
\setminus	NAME OF COMMITTEE (In Full)										
$ \rangle$	AMERICAN SOCIETY OF INTERV	√ENTIOI	NAL PAIN P	HYSIC	AAIC	I PAC					
\angle	Full Name (Last, First, Middle Initial)										
A.	Bantera Bank					Date of Disbursement					
						M = M	/ D	D / Y	TY TY TY		
	Mailing Address 3151 Jackson Street					02	2	8	2017		
	City	State	Zip Code			FFC Id		. Ni wala au			
	Paducah	KY	42003			FEC IO	entification	1 Number			
	Purpose of Disbursement Online Contribution Fee				\neg	C					
	Candidate Name							ID : SB21			
	Canadato Hamo		ry/	Amoun	t of Each	Disbursen	nent this Period				
	Office Sought: House Disburse	ment For:		Туре		1 [15.35		
	Senate	Primary	General				,	,			
	President State: District:	Other (spec	cify) ▼			Me	mo Item				
_	Full Name (Last, First, Middle Initial)										
В.	•					Date o	f Disburse	ment			
					02 28 2017						
	Mailing Address 3151 Jackson Street				02	2	8	2017			
	City State Zip Code						entification	Number			
	Paducah			entineation	TNumber						
	Purpose of Disbursement Brokerage fees										
	Candidate Name			ry/	Transaction ID : SB21B.12377 Amount of Each Disbursement this Pe						
				1 y/							
		nent For:				309.26					
	Senate President	Primary Other (spec	General cify)								
	State: District:	(0)	,,			Me Me	mo Item				
	Full Name (Last, First, Middle Initial)										
C.	Bantera Bank					Date of	f Disburse				
	Mailing Address 3151 Jackson Street					03	3		2017		
	City Paducah	State KY	Zip Code 42003			FEC Id	entification	n Number			
	Purpose of Disbursement	K I	42003	_	_	С					
	Credit Card Fee						ansaction	ID : SB21	B.1235 !		
	Candidate Name			Catego		Amoun	t of Each	Disbursen	nent this Period		
	Office Sought: House Disburse	ment For:		Туре	· · · · · · · · · · · · · · · · · · ·				111.40		
	Senate	Primary	General				7				
	President	Other (spec	cify) ▼			Ме	mo Item				
_	State: District:										
١,	ILIRTOTAL of Dishursoments This Boss (antional)								436.01		
Ľ	UBTOTAL of Disbursements This Page (optional).				• •	-	-	7	1 245		
1	OTAL This Period (last page this line number only	')									

S П

S	CHEDULE B (FEC Form 3X)			EOD LINE	R LINE NUMBER: PAGE 41 OF					
	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	NOMBEL II					
			category of the Summary Page	` X 21b	22 23 26 27					
		Dotalled	Canimary rage	28a	28b 28c 29 30b					
	y information copied from such Reports and State for commercial purposes, other than using the nar									
	NAME OF COMMITTEE (In Full)									
	AMERICAN SOCIETY OF INTERV	/ENTIOI	NAL PAIN F	PHYSICIAN	I PAC					
_	Full Name (Last, First, Middle Initial)				5. (5:1					
Α.	Bantera Bank				Date of Disbursement					
	Mailing Address 3151 Jackson Street				03 31 2017					
	City	State	Zip Code		FEC Identification Number					
	Paducah	KY	42003							
	Purpose of Disbursement Online Contribution Fee				C					
	Candidate Name				Transaction ID : SB21B.12356					
	Canadate Name			Category/ Type	Amount of Each Disbursement this Period					
	Office Sought: House Disburse	ment For:		.,,,,	15.00					
	Senate	Primary	General		7 7 7					
	President	Other (spe	cify) ▼		Memo Item					
_	State: District:									
D	Full Name (Last, First, Middle Initial)				Data of Dishuraament					
B.	Bantera Bank				Date of Disbursement					
	Mailing Address 3151 Jackson Street			03 31 2017						
	Thaming / teer eee 1707 dacksoff Officer	(5)								
	City	State KY	Zip Code		FEC Identification Number					
	Paducah Pishura mant									
	Purpose of Disbursement Change in Investment	C								
	Candidate Name			Onto many	Transaction ID : SB21B.12359					
				Category/ Type	Amount of Each Disbursement this Period					
	Office Sought: House Disburse	ment For:	I		66.57					
	Senate	Primary	General							
	President	Other (spe	cify)		Memo Item					
_	State: District:									
C	Full Name (Last, First, Middle Initial) Bantera Bank				Date of Disbursement					
٥.	Daniela Dank				M M / D D / Y Y Y Y					
	Mailing Address 3151 Jackson Street				04 30 2017					
	City	State	Zip Code							
	Paducah	KY	42003		FEC Identification Number					
	Purpose of Disbursement				C					
	Credit Card Fee				Transaction ID : SB21B.1236(
	Candidate Name			Category/	Amount of Each Disbursement this Period					
	Office Sought: House Disburse	ment For:		Туре	538.49					
	Senate Dispurse	Primary	General		555.75					
	President	Other (spe			Mama Itam					
	State: District:	` .			Memo Item					
s	UBTOTAL of Disbursements This Page (optional)				620.06					
Г										
ΙT	OTAL This Period (last page this line number only)								

S 17

S	CHEDULE B (FEC Form 3X)	T.,		FOR L	INE	NUMBER:		PAC	GE 42 OF 50		
IT	EMIZED DISBURSEMENTS		category of the	(check	,				0.7		
			Summary Page		21b 28a	22 28b	23 28c	26	27 30b		
Ar	y information copied from such Reports and State	ments may	not be sold or us								
	for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full)	/ENTIO	NIAL DAINID		1 A B I	DAG					
/	AMERICAN SOCIETY OF INTER	VENTIO	NAL PAIN P	HYSIC	IAN	PAC					
	Full Name (Last, First, Middle Initial)										
Α.	Bantera Bank					Date of Disbursement O4 30 2017					
	Mailing Address 3151 Jackson Street										
	City	State	Zip Code				ontification	a Number			
	Paducah	KY	42003				entificatio	n Number			
	Purpose of Disbursement Online Contribution Fee				7	C					
	Candidate Name			0.1				ID : SB21			
				Category Type	//	Amoun	t of Each	Disbursen	nent this Period		
		ment For:						- 7	15.20		
	Senate President	Primary Other (spe	General								
	State: District:	Other (spe	city) 🔻			Me	mo Item				
	Full Name (Last, First, Middle Initial)										
В.	Bantera Bank					Date o	f Disburse	ement			
	Mailing Address 3151 Jackson Street					M = M 04		D / Y	2017		
	Maining Address 3131 Jackson Street					0.1			2017		
	City Paducah		FEC Id	entificatio	n Number						
	Purpose of Disbursement	_	С								
	Brokerage Fees					Transaction ID : SB21B.12364					
	Candidate Name			//	Amount of Each Disbursement this Peri						
	Office Sought: House Disburse	ment For:	ment For:				310.01				
	Senate	Primary	General								
	President	Other (spe	ecify)			Me	mo Item				
_	State: District: Full Name (Last, First, Middle Initial)					_					
C.	Bantera Bank					Date o	f Disburse	ement			
	Mailing Address 0454 L. L. O.					M M	/ D		2017		
	Mailing Address 3151 Jackson Street					05	3		2017		
	City	State	Zip Code			FEC Id	entificatio	n Number			
	Paducah Purpose of Disbursement	KY	42003								
	Credit Card Fee			L	П	C	neaction	ID : SB21	B 12366		
	Candidate Name Category/								nent this Period		
	Office Sought: House Disburse								1312.38		
	Senate	Primary	General				7	7			
	President	Other (spe	ecify) 🔻			Me	mo Item				
	State: District:					Ш					
	UBTOTAL of Disbursements This Page (optional).								1637.59		
L	ODITIAL OF DISDUISEMENTS THIS Page (OPHONAI).				_	-		7	1 1 1 1		
lτ	OTAL This Period (last page this line number only	γ)									

S П

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 43 OF 50						
ITEMIZED DISBURSEMENTS	Use separate	` '	(check only	NOMBER:					
TILIMELD DIODONOLIMENTO	for each cate Detailed Sum		` X 21b	22 23 26 27					
	Dotalica Gulli	ary rage	28a	28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
AMERICAN SOCIETY OF INTER	VENTIONAL	_ PAIN PI	HYSICIAN	PAC					
Full Name (Last, First, Middle Initial)									
A. Bantera Bank				Date of Disbursement					
Mailing Address 3151 Jackson Street				05 31 2017					
City		Code		FEC Identification Number					
Paducah Purpose of Disbursement	KY 4	2003							
Online Contribution Fee				C					
Candidate Name			Cotogony	Transaction ID : SB21B.12367 Amount of Each Disbursement this Period					
			Category/ Type	Amount of Lacif Dispulsement this Feriod					
Office Sought: House Disburse	ment For:			15.30					
Senate	Primary	General							
State: District:	Other (specify)	▼		Memo Item					
Full Name (Last, First, Middle Initial)				_					
B. Bantera Bank				Date of Disbursement					
Bainera Bain				M M / D D / Y Y Y Y					
Mailing Address 3151 Jackson Street									
City		FEC Identification Number							
Paducah Purpose of Disbursement									
Credit Card Fee	C								
Candidate Name			Category/	Transaction ID : SB21B.12371 Amount of Each Disbursement this Perio					
			Type	Tuniodik of Edon Biobarcomonk and Foriou					
	ment For:			199.41					
Senate President	Primary	General							
State: District:	Other (specify)			Memo Item					
Full Name (Last, First, Middle Initial)									
C. Bantera Bank				Date of Disbursement					
Mailing Address 3151 Jackson Street				06 30 7 2017					
City	State Zin	Code							
Paducah		2003		FEC Identification Number					
Purpose of Disbursement Online Contribution Fee				C					
				Transaction ID : SB21B.12372					
Candidate Name	Candidate Name Category/								
Office Sought: House Disburse	ment For:		Туре	15.10					
Senate	Primary	General		4 4					
President	Other (specify)	▼		Memo Item					
State: District:				ш					
				229.81					
SUBTOTAL of Disbursements This Page (optional).			·····•	223.01					
TOTAL This Period (last page this line number only	·)								

S 17

SCHEDULE B (FEC Form 3X)	T		FOR LIN	E NUMBER:	PAGE 44 OF 50			
ITEMIZED DISBURSEMENTS		category of the	(check or	,′	00			
		Summary Page	211		23 26 27 28c 29 30b			
Any information copied from such Reports and State	mente may	not be sold or use						
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
AMERICAN SOCIETY OF INTER	VENTIO	NAL PAIN P	HYSICIA	N PAC				
Full Name (Last, First, Middle Initial)				5 . (5:				
A. Bantera Bank				Date of Disl				
Mailing Address 3151 Jackson Street				06	30 2017			
City	State	Zip Code		FEC Identifi	cation Number			
Paducah	KY	42003						
Purpose of Disbursement Brokerage Fees			· · · · ·	C				
Candidate Name			Category/		ction ID: SB21B.12375 Each Disbursement this Period			
	Type							
Office Sought: House Disburse	ment For:			1	2.50			
Senate	Primary	General			,			
State: District:	Other (spe	ecity) 🔻		Memo I	tem			
Full Name (Last, First, Middle Initial)								
B. Internal Revenue Service				Date of Disl	bursement			
				M = M /	D D / Y Y Y Y Y			
Mailing Address Internal Revenue Service Center				03	31 2017			
City Ogden	State Zip Code UT 84201				cation Number			
Purpose of Disbursement	Purpose of Disbursement							
Payment to IRS			: :	C	ction ID : SB21B.12354			
Candidate Name			Category/	Amount of Each Disbursement this P				
Office Sought: House Disburse	mont For	Type			1820.00			
Senate	ment For: Primary	General		1820.00				
President	Other (spe			Nome !	A			
State: District:	J			Memo I	tem			
Full Name (Last, First, Middle Initial)								
C.				Date of Disl				
Mailing Address				M M /	D D / Y Y Y Y			
City	State	Zip Code		FEC Identifi	cation Number			
Purpose of Disbursement								
				C				
Candidate Name			Category/	Amount of E	Each Disbursement this Period			
			Type					
Office Sought: House Disburse Senate	ment For:	Gonoral						
President	Primary Other (spe	General						
State: District:	o. (opc	· -·· <i>y</i> / •		Memo I	tem			
SUBTOTAL of Disbursements This Page (optional).			·····•		1822.50			
TOTAL This Period (last page this line number only	<i>(</i>)				5247.94			

SCHEDULE B (FEC Form 3X)	Hee consists and the Co	FOR LINE I	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	ne and address of any political	committee to	Solicit Contributions from Such Committee.
AMERICAN SOCIETY OF INTERV	VENTIONAL PAIN PH	IYSICIAN	PAC
Full Name (Last, First, Middle Initial) A. CARPER FOR SENATE			Date of Disbursement
Mailing Address PO BOX 2882			04 27 2017
City WILMINGTON	State Zip Code DE 19805		FEC Identification Number
Purpose of Disbursement Contribution	13003	• • •	C C00349217 Transaction ID : SB23.12332
Candidate Name CARPER, THOMAS R, , ,	,	Category/ Type	Amount of Each Disbursement this Period
	ment For: 2018 Primary General	туре	2500.00
President State: DE District: 00	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. COLLINS FOR CONGRESS		Date of Disbursement	
Mailing Address PO BOX 386			03 15 2017
City CLARENCE	State Zip Code NY 14031		FEC Identification Number
Purpose of Disbursement Contribution			C C00520379
Candidate Name COLLINS, CHRISTOPHER C, , ,	,	Category/ Type	Transaction ID: SB23.12340 Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For: 2018	.,,,,	5000.00
State: NY District: 27	Other (specify) General		Memo Item
Full Name (Last, First, Middle Initial) C. FRIENDS OF RAJA FOR CONGR	ESS		Date of Disbursement
Mailing Address PO BOX 681202			03 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SCHAUMBURG	State Zip Code IL 60168		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name	[C C00575092 Transaction ID : SB23.12314 Amount of Fools Disburgement this Period
KRISHNAMOORTHI, S. RAJA, , ,		Category/ Type	Amount of Each Disbursement this Period
Office Sought: X House Disburse Senate President	ment For: 2018 Primary General Other (specify)		5000.00
State: IL District: 08	- · · · · · · · · · · · · · · · · · · ·		Memo Item
SUBTOTAL of Disbursements This Page (optional)		······································	12500.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	and dearest of any pointed	. 30	construction from odon committee.				
AMERICAN SOCIETY OF INTERV	ENTIONAL PAIN PH	HYSICIAN	PAC				
Full Name (Last, First, Middle Initial)			Date of Disbursement				
A. HANDEL FOR CONGRESS, INC.			M M / D D / Y Y Y Y				
Mailing Address 4010 OLD MILTON PKWY			05 24 2017				
City SALPHARETTA	State Zip Code GA 30005		FEC Identification Number				
Purpose of Disbursement	30003		C C00633362				
Contribution			Transaction ID : SB23.12338				
Candidate Name		Category/	Amount of Each Disbursement this Period				
HANDEL, KAREN CHRISTINE, , ,		Туре					
Senate x	nent For: 2018 Primary General		5000.00				
State: GA District: 06	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
B. JOHN S FUND			Date of Disbursement				
Mailing Address PO BOX 853			03 14 2017				
,	State Zip Code IL 62025		FEC Identification Number				
EDWARDSVILLE Purpose of Disbursement	EDWARDSVILLE IL 62025 Purpose of Disbursement						
Contribution			C C00390831				
Candidate Name	,	Category/ Type	Transaction ID: SB23.12321 Amount of Each Disbursement this Period				
Office Sought: House Disbursen	nent For:		5000.00				
	Primary General						
President State: District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial) C. LATTA FOR CONGRESS			Date of Disbursement				
- LATTA FOR CONGRESS			M M / D D / Y Y Y Y				
Mailing Address PO BOX 106			04 25 2017				
City	State Zip Code		FEC Identification Number				
BOWLING GREEN	OH 43402						
Purpose of Disbursement Contribution			C C00438697 Transaction ID : SB23.12328				
Candidate Name LATTA, ROBERT EDWARD, , ,		Category/	Amount of Each Disbursement this Period				
Office Sought: House Disbursen	nent For: 2018 Primary General	Type	2500.00				
	Other (specify) ▼		Memo Item				
oldio. OH District. US							
SUBTOTAL of Disbursements This Page (optional)		······	12500.00				
TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate		FOR LINE I	
	for each categ Detailed Sumi		21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERV				
Full Name (Last, First, Middle Initial) A. NEW PIONEERS PAC	5			Date of Disbursement
Mailing Address 228 S WASHINGTON ST STE 115				04 14 2017
ALEXANDRIA		Code 2314		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name		[C C00459123 Transaction ID : SB23.12324
			Category/ Type	Amount of Each Disbursement this Period
Senate President	ment For: Primary Other (specify)	General ▼		5000.00 Memo Item
State: District: Full Name (Last, First, Middle Initial)				
B. SCALISE LEADERSHIP FUND		Date of Disbursement		
Mailing Address 317 15TH ST NE				05 02 2017
WASHINGTON	1 .	Code 0002		FEC Identification Number
Purpose of Disbursement Contribution	'			C H0LA01087 Transaction ID : SB23.12334
Candidate Name SCALISE, STEVE MR., , ,	Category Type			Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: Primary	General		5000.00
State: LA District: 01	Other (specify)	_		Memo Item
Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS				Date of Disbursement
Mailing Address P.O. Box 5458				03 14 2017
City Springfield Purpose of Disbursement Contribution	·	Code 2705		FEC Identification Number C C00258855
Candidate Name SHIMKUS, JOHN M, , ,			Category/ Type	Transaction ID: SB23.12319 Amount of Each Disbursement this Period
Office Sought: W House Disburser	ment For: 2018 Primary Other (specify)	General ▼		5000.00 Memo Item
State: IL District: 19				_
SUBTOTAL of Disbursements This Page (optional)			·····	15000.00
TOTAL This Period (last page this line number only))			1

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 48 OF 50			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	7 one) 22 X 23 26 27 28c 29 30b			
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTER\						
Full Name (Last, First, Middle Initial) A. VOLUNTEERS FOR SHIMKUS Mailing Address P.O. Box 5458	Date of Disbursement 03 03 03 03 03					
	Otata Zin Cada		30 14 2511			
City Springfield	State Zip Code IL 62705		FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name		Cotogony	C C00258855 Transaction ID : SB23.12320 Amount of Each Disbursement this Period			
SHIMKUS, JOHN M, , ,		Category/ Type				
Office Sought: K House Disburser	ment For: 2018 Primary		5000.00			
State: IL District: 19	()		Memo Item			
B. WALDEN FOR CONGRESS INC Mailing Address PO Box 1091	Date of Disbursement O4 14 2017					
City Hood River Purpose of Disbursement Contribution	State Zip Code OR 97031		FEC Identification Number C C00333427			
Candidate Name WALDEN, GREGORY P MR., , , Office Sought: Walder Wald	Transaction ID : SB23.12322 Amount of Each Disbursement this Period 5000.00 Memo Item					
Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS INC	Date of Disbursement					
Mailing Address PO Box 1091			04 14 2017			
City Hood River Purpose of Disbursement Contribution Candidate Name	FEC Identification Number C C00333427 Transaction ID : SB23.12323 Amount of Each Disbursement this Period					
WALDEN, GREGORY P MR., , , Office Sought: W House Disburser	5000.00					
President State: OR District: 02	Primary ★ General Other (specify) ▼		Memo Item			
			15000.00			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			55000.00			

17

Any information copied from such Reports and Statements may rot be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) A Malik, Vinod, , , MD Mailing Address 787 N. Beach Street City State Zip Code Primary General Primary General President Other (specify) Primary General College of Disbursement This Period Other (specify) Primary General College of Disbursement Full Name (Last, First, Middle Initial) B. State Zip Code Primary General College of Disbursement Tips Period Other (specify) Primary General College of Disbursement Full Name (Last, First, Middle Initial) B. State Zip Code Primary Conditions of Disbursement Tips Period Other (specify) Primary General College of Disbursement Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Disbursement For: General Primary General College of Disbursement Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Disbursement For: General College of Disbursement Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Disbursement For: General College of Disbursement Candidate Name Office Sought: House Disbursement For: General College of Disbursement Candidate Name Office Sought: House Disbursement For: General College of Disbursement Candidate Name Office Sought: House Disbursement For: General College of Disbursement Candidate Name Office Sought: House Disbursement For: Sought Memory of Each Disbursement This Period Other (specify) Well Memory of Each Disbursement This Period Other (specify) Well Memory of Each Disbursement This Period Other (specify) Well Memory of Each Disbursement This Period Other (specify) Well Memory of Each Disbursement This Period Other (specify) Well Memory of Each Disbu	SCHEDULE B (FEC Form 3X)	lles see	roto och salut-/-\				PAGE 49 OF 50			
Detailed Summary Page 28 28 28 20 20 20 20	ITEMIZED DISBURSEMENTS	for each of	category of the	1 ' —		76 77				
Any Information copled from such Reports and Statements may not be sold or used by any person for the purpose of solliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middel Initial) A. Malik, Vinod, , , MD Mailing Address 767 N. Beach Street City Osmond Beach Purpose of Disbursement Refund of excessive contribution - disclosed on 2016 Post-General Report Candidate Name Office Sought: Full Name (Last, First, Middel Initial) B. Date of Disbursement Full Name (Last, First, Middel Initial) B. Date of Disbursement Category/ Type FEC Identification Number Category/ Type FEC Identification Number Category/ Type FEC Identification Number College of Disbursement Full Name (Last, First, Middel Initial) Date of Disbursement Full Name (Last, First, Middel Initial) Date of Disbursement Full Name (Last, First, Middel Initial) Category/ Type FEC Identification Number Category/ Type FEC Identification Number FULL Initial Disbursement Full Name (Last, First, Middel Initial) Date of Disbursement FEC Identification Number Category/ Type FEC Identificatio										
NAME OF COMMITTEE (in Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Amalik, Vinod, ,, MD Mailing Address 767 N. Beach Street City Osmond Beach Purpose of Disbursement Refund of excessive contribution - disclosed on 2018 Post-General Report Candidate Name Office Sought:	Any information copied from such Reports and Statem	nents may n	ot be sold or use	ed by any per	son for the	purpose of	soliciting contributions			
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) A. Malik, Vinod, , , MD Maling Address 767 N. Beach Street City State Zip Code Seneral Report Category/ Spee O'Disbursement For: Candidate Name Other (specify) Tother (specify) Tother (specify) Total Name (Last, First, Middle Initial) B. Maling Address City State Zip Code Purpose of Disbursement Tot: Candidate Name Category/ Seneral Purpose of Disbursement Tot: Candidate Name Category/ Seneral Purpose of Disbursement Tot: Candidate Name Category/ Seneral Disbursement For: Candidate Name Category/ Seneral Disbursement For: Candidate Name Category/ Seneral Disbursement For: Candidate Name District: Full Name (Last, First, Middle Initial) B. Category/ Type Office Sought: House Disbursement For: Candidate Name District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Candidate Name District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Candidate Name Category/ Type Office Sought: House Disbursement For: State: District: State Zip Code FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate President Disbursement For: Senate Primary General Disbursement For: Senate Primary General Other (specify) Memo Item Substortal of Disbursement This Page (optional)		e and addre	ess of any politica	al committee	to solicit con	tributions fr	om such committee.			
A Malik, Vinod, , , MD Mailing Address 767 N. Beach Street City	I \ ' '	ENTION	IAL PAIN PI	HYSICIAI	N PAC					
City Osmond Beach Camond Beach Camond Beach Purpose of Disbursement Retund of excessive contribution - disclosed on 2016 Post-General Report Candidate Name Office Sought:	Full Name (Last, First, Middle Initial) A. Malik, Vinod, , , MD									
Osmond Beach Purpose of Disbursement Candidate Name City Purpose of Disbursement Candidate Name City President Senate President Candidate Name City President Senate President Category/ Type Disbursement Category/ Type Tell Name (Last, First, Middle Initial) B. Mailing Address City State: Disbursement Category/ Type Tell Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Tell Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Tell Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) Category/ Type Tell Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: Disbursement Category/ Type Tell Name (Last, First, Middle Initial) Tell Name (Last, First, Middle Initi	Mailing Address 767 N. Beach Street				01	23	2017			
Refund of excessive contribution - disclosed on 2016 Post-General Report Candidate Name Office Sought:	Osmond Beach FL 32174									
Cardidate Name Office Sought: House Senate Primary General Primary House Sought: House Persident State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate Primary General President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate President State: District: General Primary General Primary General Primary General Primary General Primary General Primary General Disbursement This Page (optional)		6 Post-Gene	eral Report							
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Mailing Address City	Category/									
State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City			General]	5000.00				
Mailing Address City State Zip Code FEC Identification Number Candidate Name Office Sought: House President Primary General Other (specify) State: District: Mailing Address City State Zip Code Primary General Other (specify) Date of Disbursement this Period FEC Identification Number Category/ Type Memo Item Date of Disbursement this Period Category/ Type Office Sought: House Primary General Candidate Name Category/ Type Office Sought: House Primary General Office Sought: House President State: District: Substortal of Disbursements This Page (optional)		Other (spec	ify) ▼		Memo Item					
City Purpose of Disbursement Candidate Name City Office Sought: House	Full Name (Last, First, Middle Initial) B.				Date of	Disburseme	ent			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Type Category/ Type Category/ Type Category/ Type Type Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substitution: Amount of Each Disbursement this Period Memo Item FEC Identification Number Category/ Type Memo Item Substitution Memo Item Substitution Substitution Substitution Substitution Substitution Substitution Substitution Amount of Each Disbursement this Period Memo Item Substitution Substitution Substitution Substitution Substitution Substitution Substitution Amount of Each Disbursement this Period Memo Item Substitution Substitution Substitution Substitution Substitution Substitution Amount of Each Disbursement this Period Memo Item Substitution Substitution Substitution Amount of Each Disbursement this Period Substitution Amount of Each Disbursement this P						M M / D D / Y Y Y Y				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Type Category/ Type Category/ Type Category/ Type Type Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substitution: Amount of Each Disbursement this Period Memo Item FEC Identification Number Category/ Type Memo Item Substitution Memo Item Substitution Substitution Substitution Substitution Substitution Substitution Substitution Amount of Each Disbursement this Period Memo Item Substitution Substitution Substitution Substitution Substitution Substitution Substitution Amount of Each Disbursement this Period Memo Item Substitution Substitution Substitution Substitution Substitution Substitution Amount of Each Disbursement this Period Memo Item Substitution Substitution Substitution Amount of Each Disbursement this Period Substitution Amount of Each Disbursement this P	City	Stato	Zin Codo							
Candidate Name Category/ Type Office Sought:		olale	Zip Gode			entification N	lumber			
Office Sought: House Senate President State: District: Memo Item Purpose of Disbursement For: Senate President Disbursement For: Senate District: State: District: Substitute Disbursements This Page (optional) Foodone Substitute Disbursement This Page (optional) Foodone Substitute Disburs	Purpose of Disbursement									
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item State: District: Subtrotal of Disbursements This Page (optional)	Category/				Amount	of Each Dis	sbursement this Period			
State: District: Other (specify) President District: Other (specify) Memo Item Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Substock Amount of Each Disbursement this Period Memo Item Substock Amount of Each Disbursement this Period Memo Item Substock Amount of Each Disbursement this Period Memo Item		ught: House Disbursement For:				7-	T			
Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Category/ Office Sought: House Senate President State: District: Substrict: Date of Disbursement FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item Substrict: Substrict: Memo Item	President	•			Mer	mo Item				
Mailing Address City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substotal of Disbursements This Page (optional)	• • • • • • • • • • • • • • • • • • • •				Date of	Dishurseme	ent			
City Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate President President State: District: Substruct Substruct Substruct Substruct State State State State Substruct Substruct Substruct Substruct Substruct State:										
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Substotal of Disbursements This Page (optional)	Mailing Address				L	l L.				
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Substrict: Memo Item Substrict: 5000.00	City	State	Zip Code		FEC Ide	entification N	Number			
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substitute: State: Disbursements This Page (optional)	Purpose of Disbursement				C	C				
Senate Primary General Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	Category/					Amount of Each Disbursement this Period				
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)	Office Sought: Disbursement For:] L	7	7				
SOBIOTAL OF DISDUISEMENTS THIS Tage (Optional)	President	•			Memo Item					
5000.00	SUBTOTAL of Disbursements This Page (optional)						5000.00			
TOTAL This Period (last page this line number only)					-	7	5000.00			

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 50 OF 50				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c y 29 30b				
Any information poried from such Departs and Co.	monto movement has a let a		, , , , , , , , , , , , , , , , , , ,				
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
AMERICAN SOCIETY OF INTERV	/ENTIONAL PAIN F	PHYSICIAN	I PAC				
Foll Norman (Local Eliza Miller Living)							
Full Name (Last, First, Middle Initial) A. Ed Gillespie for Governor			Date of Disbursement				
	03 08 7 2017						
Mailing Address P.O. Box 71596							
City	State Zin Code						
City Richmond	State Zip Code VA 23255		FEC Identification Number				
Purpose of Disbursement			С				
Non-federal Contribution			Transaction ID : SB29.12318				
Candidate Name Gillespie, Edward, , ,		Category/ Type	Amount of Each Disbursement this Period				
	ment For: 2017	туре	2500.00				
Senate x	Primary General						
President State: VA District:	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
B.			Date of Disbursement				
	M = M / D = D / Y = Y = Y						
Mailing Address							
City	State Zip Code		EEC Identification Number				
			FEC Identification Number				
Purpose of Disbursement	C						
Candidate Name	Amount of Each Disbursement this Period						
	Amount of Each Dispulsement this Fellou						
Office Sought: House Disburse							
Senate President							
State: District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)							
C.	Date of Disbursement						
Mailing Address	M M / D D / Y Y Y Y						
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement	C						
Candidate Name	Amount of Each Disbursement this Period						
Office Sought: House Disburse	ment For:	Туре					
Senate	<u> </u>						
President	Other (specify) ▼		Memo Item				
State: District:			-				
SUBTOTAL of Disbursements This Page (optional)			2500.00				
CONTROL OF BIODUISCHICITIO 1 age (optional)			7 7 7				
TOTAL This Period (last page this line number only)		2500.00				